PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10606470

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			72					RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		_	ASIC FEE	375.00	OΒ	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS					* 12			X\$ 9=	108	OR	X\$18=		
INDEPENDENT CLAIMS			₩ minus 3 =		* /			X42=	42		X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						7 1	\vdash			OR			
* If the difference in column 4 is less than your out-					"O":-		L	+140=	9-	OR	+280=		
* If the difference in column 1 is less than							T	OTAL	525	OR	TOTAL		
	C	LAIMS AS A (Column 1)	MENDED	ENDED - PART II (Column 2) (Column 3			S	MALL E	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=	-	OR	X84=		
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM							,,,,,,	
							Ľ	140=		OR	+280=		
	the state of the s							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42= -			X84=		
_	FIRST PRESE	JLTIPLE DEF	PENDENT	CLAIM					OR	×			
							<u></u>	-140=		OR	+280=		
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	1000	(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	• /	
	Independent	*	Minus	***		=		X42=	×		X84=		
<	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	r,CLAIM			742-		OR	704=		
+140=									4	OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
**		mber Previously P ber Previously Pa							ropriate box	cin co			